

in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 165
Registered No. 54

1. PLACE OF BIRTH

County Coila State _____
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Albert Jackson Jennings { If child is not yet named, make supplemental report, as directed

3. Male If plural births { 4. Twin, triplet, or other 1 5. Number, in order of birth 1 6. Legitimacy Yes 7. Date of birth 6-10-30 (Month, day, year)

FATHER		MOTHER	
9. Full name <u>William Charles Jennings</u>	18. Full maiden name <u>Emma</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Floryer</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>Floryer</u>		
11. Color of face <u>White</u>	20. Color of face <u>White</u>	21. Age at last birthday <u>32</u> (Years)	
12. Age at last birthday <u>29</u> (Years)	22. Birthplace (city or place) (State or country) <u>Quapaw</u>		
13. Birthplace (city or place) (State or country) <u>Amora Mex</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mechanic</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Automobile</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Automobile</u>	25. Date (month and year) last engaged in this work <u>6-10-30</u>	26. Total time (years) spent in this work <u>3</u>	
16. Date (month and year) last engaged in this work <u>6-10-30</u>	17. Total time (years) spent in this work <u>5</u>		

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 4:35 p.m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles E. Smith, M.D.

or _____ Midwife

Address Hayden Ariz

Filed June 11, 1930 W. B. Nash Registrar.

Given name added from a supplemental report _____ (Date of)

Registrar.

112-610-131